



**CITY OF NEWPORT BEACH**  
*Community Development Department*

**CDBG Capital Improvement Application**  
**2025-2026 Program Year**

All City Departments wishing to apply for **2025-2026** Community Development Block Grant (CDBG) funds must complete an application form in order to be considered. Applications will be accepted until **2:00 p.m.** on **Friday, February 21 2025**, via email at [lwooding@newportbeachca.gov](mailto:lwooding@newportbeachca.gov). Late applications will not be accepted. **NO EXCEPTIONS.** In addition, applications can be submitted to the Community Development Department.

In order to be considered for funding, all sections of the application must be completed. Any sections that do not apply should be marked N/A on the form.

<b>AGENCY INFORMATION</b>	
Department/Agency Name:	Contact Person:
Agency Status <i>(Check One)</i> : <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Public (City)	Contact Title:
Agency Address Street:	Telephone No.:
City, State, Zip:	Facsimile No.
Federal Tax ID No.:	E-mail Address:
UEI Number:	Name of Person Signing Contracts:

<b>AGENCY BACKGROUND</b> <i>(Attach additional sheets if necessary)</i>
Provide a description of your organization and the services that you provide:

## PROJECT INFORMATION

Project Title:	This Request is for a <i>(Check One)</i> : <input type="checkbox"/> New Project <input type="checkbox"/> Existing Project
Amount of CDBG Funds Being Requested:	Performance Indicator:
Project Site Address: Address: City, State, Zip:	Expected Accomplishments: Qty Type
Have You Received CDBG Funds Before <i>(Check One)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No	Meeting National Objective: Choose One:

## NARRATIVE QUESTIONS

*(The form field below will expand to add additional pages. Do not exceed four (4) pages total in response to the Narrative Questions)*

1. Provide a detailed description of the proposed project. Explain how the project will benefit the community, including the characteristics of the people who will benefit from the project and how CDBG funds will be used to implement the project.
2. Describe the level of need in the City for your project. Use data from the American Community Survey (ACS) 5-Year Estimates, as well as other appropriate sources to support the level of need identified. Indicate the number of unduplicated people requiring your program services and how frequently they require the service. (Cite data sources and include references to any specific table numbers or hyperlinks.)
3. Please describe any specific neighborhoods or geographic areas in the City exhibiting a greater level of need for the project than the City as a whole. (Attach maps as applicable.)
4. For public facility rehabilitation projects, describe how the need for the proposed improvements was determined and explain how the facility is available to the general public and how the facility is used by the general public. If the public facility rehabilitation project is a project to remove barriers to accessibility (ADA improvements), describe how the improvements will benefit disabled adults and quantify how many unduplicated disabled adults the improvements will serve.

**PROJECT SERVICE AREA INFORMATION**  
*(Check one of the following that best describes your service area)*

- Citywide (*Entire City of Newport Beach*)                       Specific Census Tracts (*select Census Tracts*)
- Specific Target Area (*provide map of target area*)
- Low-Mod Census Tracts (*CDBG Target Area*)

**PROJECT BUDGET SUMMARY**  
*(The Agency understands that no expenditures may be incurred before a contract has been fully executed)*

Formula Grant Cost Category	Overall Budget	Newport Beach CDBG Funds
Personnel Costs		
Non-Personnel Costs (supplies, consultants, etc.)		
Capital Improvement Costs		
<b>Total</b>		

Describe any other funding sources (and the amount of the other funding source) that will be used in the execution of the project:

In the table below, please input the approximate target date for each of the 8 phases listed. These dates will allow us to track the progress of your project during the program year.

Milestone	Target Date	Percent Completed	Comments
Phase 1: Preparation of Bid Document			
Phase 2: Pre-Bid			
Phase 3: Bid Opening			
Phase 4: Contract Award			
Phase 5: Pre-Construction			
Phase 6: Mid-Construction			
Phase 7: Construction Completed			
Phase 8: Post Construction/Labor File Review			

2024 HUD INCOME LIMITS								
Income Level / Family Size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Extremely-Low (30%)	33,150	37,900	42,650	47,350	51,150	54,950	58,750	62,550
Low (50%)	55,250	63,100	71,050	78,900	85,250	91,550	97,850	104,150
Moderate (80%)	88,400	101,000	113,650	126,250	136,350	146,450	156,550	166,650

I hereby certify that the aforementioned statements are true and correct.

\_\_\_\_\_  
Preparer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approved:**

\_\_\_\_\_  
Department Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date